STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL082017	A. BUILDING: _____ B. WING _____	R 01/07/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME	1436 BLAND SCHOOL ROAD HARRELLS, NC 28444

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up on 01/07/15.	C 000		
C 174	10A NCAC 13G .0505(1)(2) Training On Care Of Diabetic Residents 10A NCAC 13G .0505 Training On Care Of Diabetic Residents A family care home shall assure that training on the care of residents with diabetes is provided to unlicensed staff prior to the administration of insulin as follows: (1) Training shall be provided by a registered nurse, registered pharmacist or prescribing practitioner. (2) Training shall include at least the following: (a) basic facts about diabetes and care involved in the management of diabetes; (b) insulin action; (c) insulin storage; (d) mixing, measuring and injection techniques for insulin administration; (e) treatment and prevention of hypoglycemia and hyperglycemia, including signs and symptoms; (f) blood glucose monitoring; universal precautions; appropriate administration times; and (g) sliding scale insulin administration. This Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assure 2 of 2 medication aides (A, B) sampled received training by a licensed health professional on the care of diabetic residents. The findings are:	C 174		

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C 174	Continued From page 1 1. Review of Staff A's personnel file revealed: - Staff A was hired on 05/13/11. - Job descriptions for medication aide was in the employee file. - Medication clinical skills checklist completed on 03/22/12. - No documentation of any diabetes training. Interview with Staff A on 01/07/15 at 3:00pm revealed: - She had worked at the facility for almost 4 years. - She usually worked 1st shift as medication aide - She administered medications to the residents when she worked. - There was 1 resident who was a diabetic but did not receive insulin and no ordered blood sugar checks. - She has never received any diabetic care training. Refer to interview with the Supervisor-in-Charge (SIC) on 01/07/15 at 3:30pm. 2. Review of Staff B ' s personnel file revealed: - Staff B was hired on 6/07/10. - Job descriptions for medication aide and SIC. - Medication clinical skills checklist was completed on 6/23/14. - Medication written exam was passed on 10/19/10. - No documentation of any diabetes training. Interview with Staff B on 01/07/15 at 3:30pm revealed: - She worked at the facility since 2010. - She administered medication to residents	C 174		

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C 174	Continued From page 2 when she worked. - There was no residents at the facility who required blood sugar checks or insulin. - There was 1 resident at the facility who was a diabetic. - She has never received any diabetic care training. Refer to interview with the Supervisor-in-Charge (SIC) on 01/07/15 at 3:30pm. The facility ' s Administrator was not available for interview during the survey. _____ Interview with the SIC on 01/07/15 at 3:30pm revealed: - Administrator was responsible for the personnel files and scheduling employee trainings. - Administrator was going to schedule training for diabetic care as soon as possible.	C 174		
C 202	10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902.	C 202		

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C 202	Continued From page 3 This Rule is not met as evidenced by: Based on these findings, non- compliance continues. Based on record review and interview, the facility failed to assure 1 of 3 sampled residents were tested for tuberculosis (TB) disease upon admission to the facility according to the control measures adopted by the Commission for Health Services Review of Resident #1's FL-2 dated 7/23/14 revealed diagnoses of Attention Deficit Hyperactivity Disorder (ADHD), Major Depressive Disorder (MDD), and Phonological Disorder. Record review revealed an admission date of 07/08/14. Review of Resident #1's record revealed a negative TB skin test completed on 11/28/12. Review of Resident #1's record revealed no documentation of TB skin test prior to or after 11/28/12. Interview with Resident # 1 on 01/07/14 at 2:35 PM revealed that he could not remember the date or results of his last TB test. Interview with Medication Aide (MA) on 01/07/14 at 12:40 PM revealed that she was not aware that a two-step TB test was required for new admissions. Interview with Supervisor in Charge (SIC) on 01/07/14 at 2:15 PM revealed the following: - Supervisor in Charge was not aware of the requirement of a two-step TB test upon	C 202		

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C 202	Continued From page 4 admission. - Supervisor in Charge is responsible for maintaining records and making MD appointments. - Supervisor in Charge was observed making appointment with Resident # 1's primary care physician for appointment on 01/12/14 for TB skin test.	C 202		